

SERFF Tracking Number: ARKS-125838114 State: Arkansas  
First Filing Company: 10855 - CYPRESS INSURANCE COMPANY, ... State Tracking Number: #200378 \$50  
Company Tracking Number: AR-GL-103108-BHHC-F1  
TOI: 17.2 Other Liability - Occurrence Only Sub-TOI: 17.2001 Commercial General Liability  
Product Name: n/a  
Project Name/Number: /

## Filing at a Glance

Companies: 10855 - CYPRESS INSURANCE COMPANY, 20044 - CORNHUSKER CASUALTY COMPANY  
Product Name: n/a SERFF Tr Num: ARKS-125838114 State: Arkansas  
TOI: 17.2 Other Liability - Occurrence Only SERFF Status: Closed State Tr Num: #200378 \$50  
Sub-TOI: 17.2001 Commercial General Liability Co Tr Num: AR-GL-103108-BHHC- State Status: Fees verified and  
F1 received  
Filing Type: Form Co Status: Reviewer(s): Betty Montesi, Edith Roberts  
Author: Disposition Date: 10/08/2008  
Date Submitted: 09/30/2008 Disposition Status: Approved  
Effective Date Requested (New): Effective Date (New):  
Effective Date Requested (Renewal): Effective Date (Renewal):  
State Filing Description:  
1 form

## General Information

Project Name: Status of Filing in Domicile:  
Project Number: Domicile Status Comments:  
Reference Organization: Reference Number:  
Reference Title: Advisory Org. Circular:  
Filing Status Changed: 10/08/2008  
State Status Changed: 10/08/2008 Deemer Date:  
Corresponding Filing Tracking Number:  
Filing Description:

## Company and Contact

### Filing Contact Information

NA NA, NA@NA.com  
NA (123) 555-4567 [Phone]

SERFF Tracking Number: ARKS-125838114 State: Arkansas  
First Filing Company: 10855 - CYPRESS INSURANCE COMPANY, ... State Tracking Number: #200378 \$50  
Company Tracking Number: AR-GL-103108-BHHC-F1  
TOI: 17.2 Other Liability - Occurrence Only Sub-TOI: 17.2001 Commercial General Liability  
Product Name: n/a  
Project Name/Number: /

NA, AR 00000

**Filing Company Information**

10855 - CYPRESS INSURANCE COMPANY	CoCode: 10855	State of Domicile: Arkansas
No Address	Group Code:	Company Type:
City, AR 99999	Group Name:	State ID Number:
(999) 999-9999 ext. [Phone]	FEIN Number: 99-9999999	
	-----	
20044 - CORNHUSKER CASUALTY	CoCode: 20044	State of Domicile: Arkansas
COMPANY		
No Address	Group Code:	Company Type:
City, AR 99999	Group Name:	State ID Number:
(999) 999-9999 ext. [Phone]	FEIN Number: 99-9999999	
	-----	

SERFF Tracking Number:	ARKS-125838114	State:	Arkansas
First Filing Company:	10855 - CYPRESS INSURANCE COMPANY, ...	State Tracking Number:	#200378 \$50
Company Tracking Number:	AR-GL-103108-BHHC-F1		
TOI:	17.2 Other Liability - Occurrence Only	Sub-TOI:	17.2001 Commercial General Liability
Product Name:	n/a		
Project Name/Number:	/		

## Filing Fees

Fee Required?	No
Retaliatory?	No
Fee Explanation:	
Per Company:	No

SERFF Tracking Number: ARKS-125838114 State: Arkansas  
First Filing Company: 10855 - CYPRESS INSURANCE COMPANY, ... State Tracking Number: #200378 \$50  
Company Tracking Number: AR-GL-103108-BHHC-F1  
TOI: 17.2 Other Liability - Occurrence Only Sub-TOI: 17.2001 Commercial General Liability  
Product Name: n/a  
Project Name/Number: /

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	10/08/2008	10/08/2008

SERFF Tracking Number: ARKS-125838114 State: Arkansas  
First Filing Company: 10855 - CYPRESS INSURANCE COMPANY, ... State Tracking Number: #200378 \$50  
Company Tracking Number: AR-GL-103108-BHHC-F1  
TOI: 17.2 Other Liability - Occurrence Only Sub-TOI: 17.2001 Commercial General Liability  
Product Name: n/a  
Project Name/Number: /

## Disposition

Disposition Date: 10/08/2008

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

### Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	\$0
Effect of Rate Filing - Number of Policyholders Affected	0

*SERFF Tracking Number:*      *ARKS-125838114*                      *State:*                      *Arkansas*  
*First Filing Company:*      *10855 - CYPRESS INSURANCE COMPANY, ...*      *State Tracking Number:*      *#200378 \$50*  
*Company Tracking Number:*      *AR-GL-103108-BHHC-F1*  
*TOI:*                      *17.2 Other Liability - Occurrence Only*                      *Sub-TOI:*                      *17.2001 Commercial General Liability*  
*Product Name:*                      *n/a*  
*Project Name/Number:*                      */*

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	ARKS-125838114		Yes

<i>SERFF Tracking Number:</i>	<i>ARKS-125838114</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>10855 - CYPRESS INSURANCE COMPANY, ...</i>	<i>State Tracking Number:</i>	<i>#200378 \$50</i>
<i>Company Tracking Number:</i>	<i>AR-GL-103108-BHHC-F1</i>		
<i>TOI:</i>	<i>17.2 Other Liability - Occurrence Only</i>	<i>Sub-TOI:</i>	<i>17.2001 Commercial General Liability</i>
<i>Product Name:</i>	<i>n/a</i>		
<i>Project Name/Number:</i>	<i>/</i>		

## Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: ARKS-125838114 State: Arkansas  
First Filing Company: 10855 - CYPRESS INSURANCE COMPANY, ... State Tracking Number: #200378 \$50  
Company Tracking Number: AR-GL-103108-BHHC-F1  
TOI: 17.2 Other Liability - Occurrence Only Sub-TOI: 17.2001 Commercial General Liability  
Product Name: n/a  
Project Name/Number: /

## Supporting Document Schedules

**Review Status:**

**Satisfied -Name:** ARKS-125838114 10/08/2008  
**Comments:**  
**Attachment:**  
ARKS-125838114.pdf





ARKS-125838114

ER

# Berkshire Hathaway Homestate Companies

# 200378  
50.00

Redwood Fire and Casualty Insurance Company  
Cornhusker Casualty Company  
Brookwood Insurance Company

Continental Divide Insurance Company  
Oak River Insurance Company  
Cypress Insurance Company

September 26, 2008

Honorable Julie Benafield Bowman  
Commissioner of Insurance  
Arkansas Department of Insurance  
1200 West Third Street  
Little Rock, Arkansas 72201-1904

Subject: Cornhusker Casualty Company and Cypress Insurance Company  
Form Filing  
Commercial General Liability Endorsement  
NAIC #: 031-20044, 031-10855  
Company Filing #: AR-GL-103108-BHHC-F1  
Effective Date: October 31, 2008

Approved until withdrawn  
or revoked  
Sept 30 2008  
Arkansas Insurance Department  
By: *RL*

Dear Commissioner Bowman:

Cornhusker Casualty Company and Cypress Insurance Company hereby propose to file an endorsement for Commercial General Liability coverages in Arkansas. We hereby propose the following effective date rule:

"The endorsement applies to policies effective on or after October 31, 2008."

If we do not receive approval by October 31, 2008, an amended effective date will be selected upon approval.

The Companies have been granted authority to transact insurance in Arkansas. As an ISO subscriber, we have given ISO authority to file on our behalf. The endorsement in this filing is in regards to Commercial General Liability coverage and is intended to supplement any forms and endorsements already in place. If you have any questions, please call me at (800) 488-2930. We have attached an extra copy of this filing, together with a postage prepaid and self-addressed return envelope. Upon approval, please file, stamp, and return the extra copy to complete our records.

Sincerely,

Diane M. Pokorny  
Regulatory Analyst  
[dpokorny@bh-hc.com](mailto:dpokorny@bh-hc.com)

## Property &amp; Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
	g. SERFF Filing #:	
h. Subject Codes		

3. Group Name	Berkshire Hathaway Homestate Companies				Group NAIC #	0031
4. Company Name(s)	Domicile	NAIC #	FEIN #	State #		
Cornhusker Casualty Company	NE	20044	47-0529945			
Cypress Insurance Company	CA	10855	95-6042929			

RECEIVED  
SEP 30 2008

5. Company Tracking Number	AR-GL-103108-BHHC-F1	PROPERTY AND CASUALTY DIVISION ARKANSAS INSURANCE DEPARTMENT
----------------------------	----------------------	---

## Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
Diane Pokorny 9290 W. Dodge Road Ste. 300 Omaha, NE 68114	Regulatory Analyst	800-488-2930	402-393-7619	dpokorny@bh-hc.com
7. Signature of authorized filer <i>Diane M. Pokorny</i>				
8. Please print name of authorized filer Diane M. Pokorny				

## Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	17.2
10. Sub-Type of Insurance (Sub-TOI)	17.2001
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	Commercial General Liability
13. Filing Type GL	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: 10/31/2008   Renewal:

## Property & Casualty Transmittal Document---

15.	Reference Filing?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
16.	Reference Organization (if applicable)			
17.	Reference Organization # & Title			
18.	Company's Date of Filing	9/26/2008		
19.	Status of filing in domicile	<input type="checkbox"/> Not Filed	<input checked="" type="checkbox"/> Pending	<input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

20.	This filing transmittal is part of Company Tracking #	AR-GL-103108-BHHC-F1
-----	---	----------------------

21.	<b>Filing Description</b> [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
-----	--

Amendment of Personal and Advertising Injury Liability (CL 6165 09 08)

The above form modifies insurance provided under the Commercial General Liability Coverage Form. It will be mandatory on every policy with GL coverage.

22.	<b>Filing Fees</b> (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
<p>Check #: 0000200378          Amount: 50.00</p> <p>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</p>	

\*\*\*Refer to each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

**FORM FILING SCHEDULE**(This form must be provided **ONLY** when making a filing that includes forms)(Do not refer to the body of the filing for the forms listing, unless allowed by state.)

1.	<b>This filing transmittal is part of Company Tracking #</b>		AR-GL-103108-BHHC-F1		
2.	<b>This filing corresponds to rate/rule filing number</b> (Company tracking number of rate/rule filing, if applicable)				
3.	<b>Form Name /Description/Synopsis</b>	<b>Form # Include edition date</b>	<b>Replacement Or withdrawn?</b>	<b>If replacement, give form # it replaces</b>	<b>Previous state filing number, if required by state</b>
01	Amendment of Personal and Advertising Injury Liability	CL 6165 09 08	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

PC FFS-1

**EXPLANATORY MEMORANDUM**  
**(AR-GL-103108-BHHC-F1)**

Cornhusker Casualty Company and Cypress Insurance Company hereby propose to file an endorsement for Commercial General Liability coverages in Arkansas. This filing represents an independent program of the companies.

**Effective Date**

We hereby propose the following effective date rule:

“The endorsement applies to policies effective on or after October 31, 2008.”

If we do not receive approval by October 31, 2008, an amended effective date will be selected upon approval.

**A Summary of Submitted Forms**

**Amendment of Personal and Advertising Injury Liability (CL 6165 09 08)**

The above form modifies insurance provided under the Commercial General Liability Coverage Form. It will be mandatory on every policy with GL coverage.

As an ISO subscriber, we have given ISO authority to file forms on our behalf. Since this filing is intended to supplement any ISO or company program already in place, we will use the endorsement in this filing together with the approved ISO forms.

**Person to Contact**

If there are questions about this filing or any of its attachments, please call Diane Pokorny at (800) 488-2930, 3118. A duplicate copy of this filing is enclosed, along with a postage prepaid and self-addressed return envelope. Upon approval, please file, stamp, and return the extra copy to complete our records.

THE ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## Amendment of Personal and Advertising Injury Liability

This endorsement modifies insurance provided under the following:

### COMMERCIAL GENERAL LIABILITY COVERAGE FORM

II. Under **SECTION 1 – COVERAGES, COVERAGE B. PERSONAL AND ADVERTISING INJURY LIABILITY, 2. Exclusions, a.**, the following exclusion is added:

a. "Personal and advertising injury":  
(11) Arising out of:

(a) Infringement, disparagement, dilution, diminishment of or damage to:

- i. Copyright, slogan or title;
- ii. Patent;
- iii. Trademark, servicemark, collective mark, or certification mark, including without limitation any word, name, symbol, device or any combination thereof used to identify or distinguish the origin of a good, product or service;
- iv. Trade Secret;
- v. Trade dress including without limitation, any shape, color, design or appearance used to distinguish the origin of a good, product or service;
- vi. Advertising ideas, concepts, campaigns, or style of doing business; or
- vii. Any other intellectual property rights recognized or implied by law.

(b) False designation of the origin of a good, product or service;



# Berkshire Hathaway Homestate Companies

Redwood Fire and Casualty Insurance Company  
Cornhusker Casualty Company  
Brookwood Insurance Company

Continental Divide Insurance Company  
Oak River Insurance Company  
Cypress Insurance Company

September 26, 2008

Honorable Julie Benafield Bowman  
Commissioner of Insurance  
Arkansas Department of Insurance  
1200 West Third Street  
Little Rock, Arkansas 72201-1904

Approved until withdrawn  
or revoked

Sept 30 2008  
Arkansas Insurance Department  
By: *En*

**RECEIVED**

SEP 30 2008

PROPERTY AND CASUALTY DIVISION  
ARKANSAS INSURANCE DEPARTMENT

Subject: Cornhusker Casualty Company and Cypress Insurance Company  
Form Filing  
Commercial General Liability Endorsement  
NAIC #s: 031-20044, 031-10855  
Company Filing #: AR-GL-103108-BHHC-F1  
Effective Date: October 31, 2008

Dear Commissioner Bowman:

Cornhusker Casualty Company and Cypress Insurance Company hereby propose to file an endorsement for Commercial General Liability coverages in Arkansas. We hereby propose the following effective date rule:

"The endorsement applies to policies effective on or after October 31, 2008."

If we do not receive approval by October 31, 2008, an amended effective date will be selected upon approval.

The Companies have been granted authority to transact insurance in Arkansas. As an ISO subscriber, we have given ISO authority to file on our behalf. The endorsement in this filing is in regards to Commercial General Liability coverage and is intended to supplement any forms and endorsements already in place. If you have any questions, please call me at (800) 488-2930. We have attached an extra copy of this filing, together with a postage prepaid and self-addressed return envelope. Upon approval, please file, stamp, and return the extra copy to complete our records.

Sincerely,

Diane M. Pokorny  
Regulatory Analyst  
[dpokorny@bh-hc.com](mailto:dpokorny@bh-hc.com)

**EXPLANATORY MEMORANDUM**  
**(AR-GL-103108-BHHC-F1)**

Cornhusker Casualty Company and Cypress Insurance Company hereby propose to file an endorsement for Commercial General Liability coverages in Arkansas. This filing represents an independent program of the companies.

**Effective Date**

We hereby propose the following effective date rule:

“The endorsement applies to policies effective on or after October 31, 2008.”

If we do not receive approval by October 31, 2008, an amended effective date will be selected upon approval.

**A Summary of Submitted Forms**

**Amendment of Personal and Advertising Injury Liability (CL 6165 09 08)**

The above form modifies insurance provided under the Commercial General Liability Coverage Form. It will be mandatory on every policy with GL coverage.

As an ISO subscriber, we have given ISO authority to file forms on our behalf. Since this filing is intended to supplement any ISO or company program already in place, we will use the endorsement in this filing together with the approved ISO forms.

**Person to Contact**

If there are questions about this filing or any of its attachments, please call Diane Pokorny at (800) 488-2930, 3118. A duplicate copy of this filing is enclosed, along with a postage prepaid and self-addressed return envelope. Upon approval, please file, stamp, and return the extra copy to complete our records.



THE ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## Amendment of Personal and Advertising Injury Liability

This endorsement modifies insurance provided under the following:

### COMMERCIAL GENERAL LIABILITY COVERAGE FORM

II. Under **SECTION 1 – COVERAGES, COVERAGE B. PERSONAL AND ADVERTISING INJURY LIABILITY, 2. Exclusions, a.**, the following exclusion is added:

a. "Personal and advertising injury":  
(11) Arising out of:

(a) Infringement, disparagement, dilution, diminishment of or damage to:

- i. Copyright, slogan or title;
- ii. Patent;
- iii. Trademark, servicemark, collective mark, or certification mark, including without limitation any word, name, symbol, device or any combination thereof used to identify or distinguish the origin of a good, product or service;
- iv. Trade Secret;
- v. Trade dress including without limitation, any shape, color, design or appearance used to distinguish the origin of a good, product or service;
- vi. Advertising ideas, concepts, campaigns, or style of doing business; or
- vii. Any other intellectual property rights recognized or implied by law.

(b) False designation of the origin of a good, product or service;

## Property &amp; Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
	g. SERFF Filing #:	
h. Subject Codes		

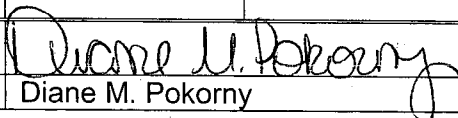
3. Group Name	Group NAIC #
Berkshire Hathaway Homestate Companies	0031

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Cornhusker Casualty Company	NE	20044	47-0529945	
Cypress Insurance Company	CA	10855	95-6042929	

RECEIVED

1 SEP 30 2008

5. Company Tracking Number	AR-GL-103108-BHHC-F1	PROPERTY AND CASUALTY DIVISION
Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]		ARKANSAS INSURANCE DEPARTMENT

6. Name and address	Title	Telephone #s	FAX #	e-mail
Diane Pokorny 9290 W. Dodge Road Ste. 300 Omaha, NE 68114	Regulatory Analyst	800-488-2930	402-393-7619	dpokorny@bh-hc.com
7. Signature of authorized filer				
8. Please print name of authorized filer		Diane M. Pokorny		

## Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	17.2
10. Sub-Type of Insurance (Sub-TOI)	17.2001
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	Commercial General Liability
13. Filing Type GL	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: 10/31/2008   Renewal:

## Property & Casualty Transmittal Document---

15.	Reference Filing?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
16.	Reference Organization (if applicable)			
17.	Reference Organization # & Title			
18.	Company's Date of Filing	9/26/2008		
19.	Status of filing in domicile	<input type="checkbox"/> Not Filed	<input checked="" type="checkbox"/> Pending	<input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

20.	This filing transmittal is part of Company Tracking #	AR-GL-103108-BHHC-F1
-----	---	----------------------

21.	<b>Filing Description</b> [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
-----	--

Amendment of Personal and Advertising Injury Liability (CL 6165 09 08)

The above form modifies insurance provided under the Commercial General Liability Coverage Form. It will be mandatory on every policy with GL coverage.

22.	<b>Filing Fees</b> (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
<div style="margin-bottom: 20px;"> <b>Check #:</b> 0000200378  <b>Amount:</b> 50.00         </div> <p>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</p>	

\*\*\*Refer to each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

//

L

**FORM FILING SCHEDULE**

(This form must be provided ONLY when making a filing that includes forms)  
 (Do not refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #		AR-GL-103108-BHHC-F1		
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)				
3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01	Amendment of Personal and Advertising Injury Liability	CL 6165 09 08	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

PC FFS-1

L.